

-- \$44.25 Fee Required --
Criminal History Information Release Form

Mail Request To:	
Send Money Order, Cashier's Check or Certified check payable to:	Alabama Bureau of Investigation Identification Unit P.O. Box 1511 Montgomery, AL 36102-1511
Mail release Form and Fingerprint Cards to:	Alabama Dept. of Human Resources Office of Criminal History Checks P.O. Box 304000 Montgomery, AL 36130-4000 (334) 242-1790
Send Copy of this Form Only to:	

SECTION 1.

Type or Print Legibly		(*) REQUIRED INFORMATION
* Social Security Number:		
* Last Name:	* First:	Middle:
* All Other Names Used:		Phone #:
* Address:		
* City:	* State:	* Zip Code:
* DOB (mm/dd/yy):	* Race:	* Sex:

SECTION 1.A.

Applying For: (Check One)	<u>License/Approval:</u> Foster Care Day Care	<u>Employment:</u> DHR Day Care Foster Care	<u>Volunteer Work:</u> DHR Other	Home Study: Adoption
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SECTION 1.B.

Affidavit For Release of Information	
I do hereby for myself, my heirs, executors, and administrators release and forever discharge the Alabama Department of Human Resources, the Alabama Department of Public Safety and its officers and agents from any and all claims, actions, which may arise as a consequence of the release of the criminal history information.	
I certify that I have read this release and that I understand the significance of the same and in witness thereof I have voluntarily signed	
My name on this _____ day of _____, 20__.	
Signature: _____	
* Note * This document must be witnessed by two persons <u>or</u> notarized by a Notary Public.	
Name of Witness # 1 Address of Witness # 1 City, State Zip Code	Name of Witness # 2 Address of Witness # 2 City, State Zip Code
OR	
Sworn to and subscribed before me on this _____ day of _____, 20__	
Signature of Notary Public _____	
My commission expires _____, 20__	

Fingerprint Technician:
___ Fingerprint Card Issued
___ Electronic Transmission to DPS
Signature _____
Date _____

SECTION 2.

I am possessed of sound mind and legally competent to execute this release. I hereby authorize the Alabama Department of public Safety to release any and all criminal history information to,	
Name & Address of Requesting Agency _____	
Signature & Social Security Number of Applicant _____	Date _____